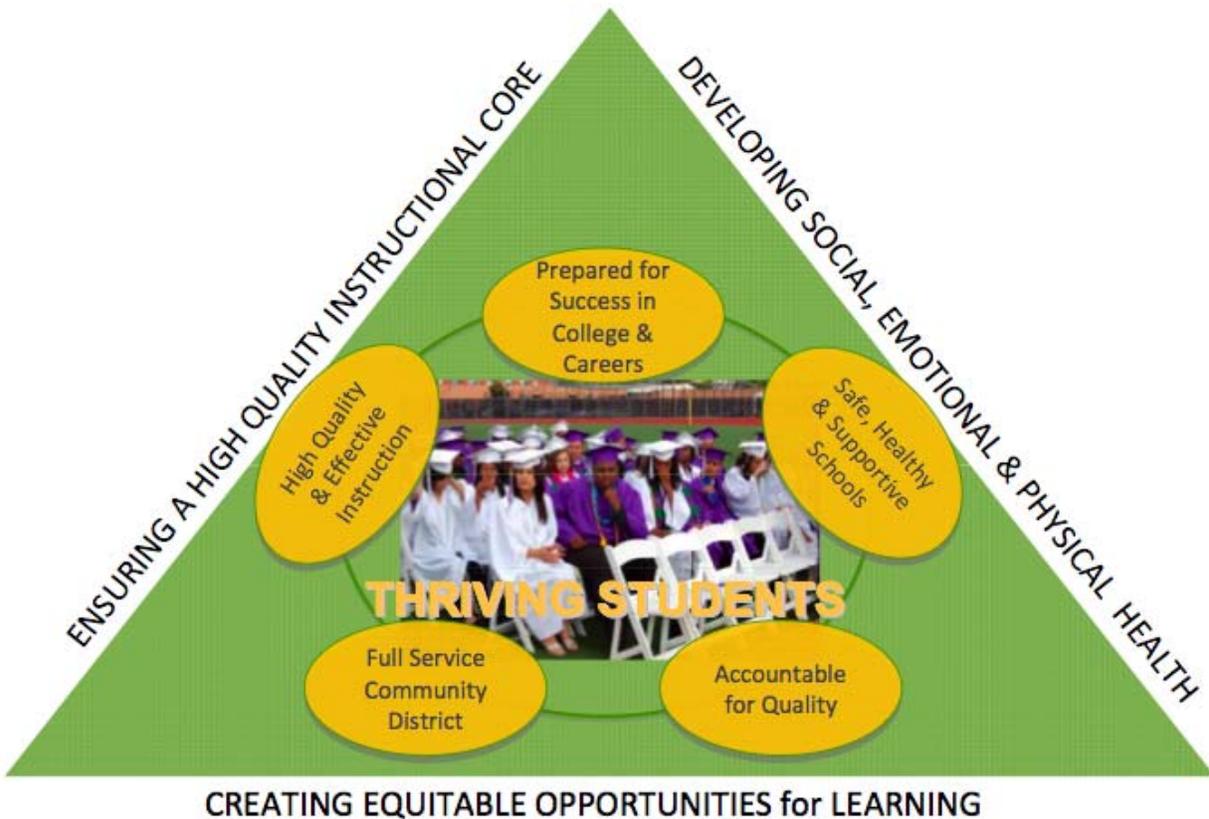


Wellness Inventory District Level Report

Family, Schools, and Community Partnerships (FSCP)
Oakland Unified School District (OUSD)

PROJECT SUMMARY

OUSD is committed to serving the whole child through its Full-Service Community Schools Strategic Plan. One of several core elements to this approach focuses on health and wellness, including access to health and wellness programs and services that address barriers to learning. Imbedded in the plan is also a foundation of continuous quality improvement, using data to prioritize needs, inform decisions and guide resources.



The OUSD School Wellness Policy, created in response to the Child Nutrition WIC Reauthorization Act of 2004, was passed by the OUSD School Board in 2006. The policy was created through a year-long engagement process that included District staff, school site staff, community partners, students and parents. In 2010, the federal Healthy, Hunger-Free Kids Act was passed. New provisions about local school wellness policies were highlighted and school districts were asked specifically to assess the implementation of their wellness policies.

Based on the District's commitment to community schools, health and well-being, continuous improvement and aligning efforts with best practices, the OUSD *School Wellness Program and Policy Inventory* was created and distributed in Spring 2012. This project was led by the FSCP Department's Health and Wellness Unit, with support from a grant from Kaiser Permanente and in partnership with the University of California, San Francisco Philip R. Lee Institute for Health Policy Studies.

The inventory was designed to:

- Document the wellness programs and resources that were currently in place at schools in each of the six domains in the Wellness Policy: 1) *Nutrition*; 2) *Physical Education and Physical Activity*; 3) *Health Education*; 4) *Safe and Healthy School Environments*; 5) *Student Wellness Services*; and 6) *Staff Wellness*,
- Identify successes or gaps towards achieving optimal wellness environments at school sites,
- Identify areas of focus for the revision of the District Wellness Policy and development/distribution of school site level wellness programs and resources,
- Provide baseline data to establish wellness goals across the District,
- Create an opportunity to inform the development of new *California Healthy Kids Survey* questions for OUSD.

Inventories were completed for 65 OUSD schools: 38 elementary, 14 middle, and 13 high schools, which represented 75% of OUSD schools (based on number of schools during the 2011-2012 school year). *Inventories* were completed by teams of school site staff, led typically by a Site Wellness Champion¹, a school site nurse or a physical education teacher.

This report provides a summary of the *Inventory* results, as well as recommendations based on these findings. All data in this summary comes from the *School Wellness Program and Policy Inventory*, unless noted otherwise. Other data sources, including the *California Healthy Kids Survey (CHKS) Student, Parent, Staff Surveys* and the *Fitnessgram*, are described at the end of this report. It is important to note that the *Inventory* data represents a portion of schools (75%) and was completed by a small number of staff on behalf of their schools. In contrast, individual staff and students from each school completed the *CHKS Surveys and the Fitnessgram* tests, thus representing a larger sample of respondents.

The data presented in this report serves as a baseline assessment to gauge where we currently stand with wellness efforts and will help to inform a process for continuous improvement of these efforts in OUSD. Subsequent implementations of this *Inventory* will help us to measure changes that result over time.

¹ More information about this program is available from: www.ousd.k12.ca.us/schoolwellness

FINDINGS

NUTRITION

SUMMARY OF WELLNESS POLICY ON NUTRITION

The Nutrition section of the OUSD Wellness Policy lists nutrition standards for foods and beverages served as part of the meal program, as well as food that may be provided at school campuses through student club meetings, school fundraisers, as rewards and for celebrations. The policy also establishes a commitment from the District to support the development of a garden at every school. Additional guidelines were developed in the Wellness Policy's Nutrition Administrative Regulations, produced in 2007, providing more detailed strategies to ensure students not only do not go hungry but that they are provided healthy options.²

FINDINGS ON CURRENT NUTRITION NEEDS, PROGRAMS AND POLICIES

To provide guidance and support for the Wellness Policy, programs/resources have been developed to increase access to healthy food on school campuses and decrease unhealthy food consumption opportunities, such as nutrition and garden education. OUSD is striving for increased student access to and consumption of healthy food, such as 100% of students eating breakfast and at least 100% of students eating at least one fruit and vegetable on a daily basis.

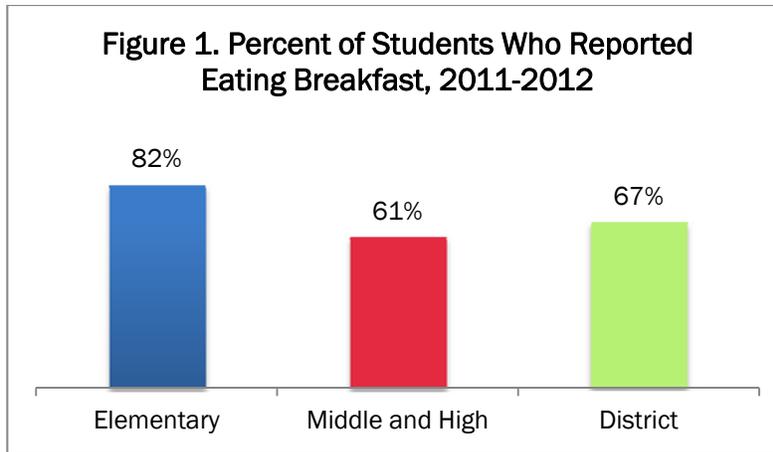
Students' Reported Dietary Habits

According to the *California Healthy Kids Survey*, most students consumed vegetables, fruits and milk/yogurt daily, though many also consumed fried potatoes and soda pop daily, as seen in the table below. In addition, 82% of elementary and only 61% of secondary students reported eating breakfast on the day the *California Healthy Kids Survey* was administered (Figure 1). It is important to note that breakfast was not defined, nor were the students asked where they had this meal (i.e., at home or school).

Table 1. Consumption of Food/Drink at Least Once in Last Day*...	7th grade	9th grade	11th grade	Middle and High
Fruit?	85%	79%	79%	81%
Vegetables?	77%	74%	77%	76%
100% fruit juices?	78%	69%	69%	73%
Milk or yogurt?	84%	77%	74%	79%
Soda pop?	64%	55%	53%	58%
French fries, potato chips or other fried potatoes?	67%	63%	58%	63%

*These data were not obtained from elementary school respondents because the questions are not asked of this age group. However, this data will be available as of the 2012/13 school year.

² More information on these regulations is available from: www.ousd.k12.ca.us/schoolwellness



Access to Healthy Foods

According to the OUSD Nutrition Services Department, the following programs which encourage healthy eating exist at school sites that completed the *Wellness Inventory*:

- School Gardens (58 programs; 97%),
- Salad Bars (43 programs; 72%),
- Produce Markets (19 programs; 32%), and
- Grab N Go Breakfast, Breakfast in the Classroom or Second Chance Breakfast (3 programs; 5%).

Foods/Refreshments Served/Sold Outside of School Meal Program

According to the *School Wellness Inventory*, most schools reported serving or selling a mix of healthy and unhealthy food options at various school events. Food/snacks served outside of the school meal program in the cafeteria were scored most healthy for elementary schools, while food served at celebrations and events scored most healthy for middle and high schools (Table 2). Outside vendors, like food trucks near schools, reportedly served the least healthy food options for both elementary and secondary schools. In order to improve the health of students, families and staff, schools are being encouraged and supported in moving along the spectrum to primarily serving/selling fruits, vegetables and other healthy food options, if selling/serving food outside of the school meal program.

Table 2. What types of foods/refreshments are served/sold outside of the school meal program in the following circumstances?	Average Elementary Score	Average Middle and High Score
Celebrations and events with students and parents	2.4	2.4
Rewards for student achievements/ accomplishments	2.1	2.0
Meetings, events and celebrations for school staff	2.2	2.3
Fundraising events	2.2	1.9
Afterschool programs	2.6	2.3
Student club meetings	2.3	2.1
Outside vendors like food trucks near school	1.7	1.8
Food/snacks served in the cafeteria outside of the school meal program	2.8	2.3

Scoring: 1= Typically soda, pizza, candy, cookies, nachos and other similar food options

2= A mix of soda, pizza, candy, cookies, nachos with vegetables, fruits, and other healthy food options

3= Typically fruits, vegetables and other healthy food options

Access to Drinking Water

As stated earlier, more than half of OUSD students consume soda on any given day. This, along with research that has shown that a simple glass of water can improve students' classroom performance and behavior³, leads to an interest in providing access to drinking water throughout the school day. In addition, recent Federal legislation (Healthy, Hunger-Free Kids Act of 2010, Public Law 111-296) has required that all school districts provide free drinking water during school lunch.⁴

According to the *School Wellness Inventory*, all of the schools provided students with easy access to drinking water:

- District-wide, nearly all students have some access to drinking water during lunch (98%) and throughout the school day (90%).
- Three out of four schools (73%) indicated that their students are “always” allowed to bring refillable water bottles into the classrooms, while 22% were “sometimes” allowed depending on whether the teachers allowed it in their classrooms and 3% were “never” allowed.
- More elementary schools (84%) were “always” allowed to bring water bottles into the classrooms (vs. 55% middle/high).

School Garden Programs

School Wellness Inventory respondents described their garden programs district-wide as follows:

- Most were offered after-school (54%), though some had programs during school hours (32%) and recess/lunch (7%).
- 53% had flowers/aesthetic gardens.
- 49% grew food that youth/community members consumed.
- 41% had gardens that were integrated with science classes and 34% with nutrition education.
- 29% had fruit trees and 14% had a habitat garden.
- One out of five (19%) did not have a school garden, though middle/high schools (32%) were more likely to report that they did not have a garden (vs. 11% elementary).

PHYSICAL EDUCATION & PHYSICAL ACTIVITY

SUMMARY OF WELLNESS POLICY ON PHYSICAL EDUCATION & PHYSICAL ACTIVITY

The primary element of the Physical Education and Physical Activity section of the Wellness Policy is to promote the State of California requirements for Physical Education (PE), which require 200 minutes of PE every two weeks for elementary students and 400 minutes every two weeks for middle/high school students. This section also focuses on the California fitness testing requirement in grades 5, 7 and 9 (*Fitnessgram*), curriculum standards and support and professional development for teachers. In addition, the Wellness Policy documents the goal to provide high quality Physical Education for all students by credentialed teachers.

³ Benton D, Burgess N. (2009). The effect of the consumption of water on the memory and attention of children. *Appetite*, 53(1), 143-146.

⁴ United States Federal Government, 111th Congress (2010). Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296). Retrieved from: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ296/pdf/PLAW-111publ296.pdf>. In addition, Chapter 558 of the Statutes of 2010 (Senate Bill 1413, Leno) establishes California Education Code Section 38086, which requires school districts to provide access to free, fresh drinking water during meal times in school food service areas. Source: California Department of Education. (2011). Making free, fresh drinking water available to students during meal times: complying with California Senate Bill 1413 (Leno). Retrieved from: <http://www.cde.ca.gov/ls/nu/he/water.asp>.

FINDINGS ON CURRENT PHYSICAL EDUCATION & ACTIVITY NEEDS, PROGRAMS AND POLICIES

According to the 2011 California Physical Fitness Test (*Fitnessgram*), half of OUSD students were in the Healthy Fitness Zone for body composition. About one-third was in the High Risk Zone, which, by Centers for Disease Control & Prevention guidelines, means these students are categorized as obese.

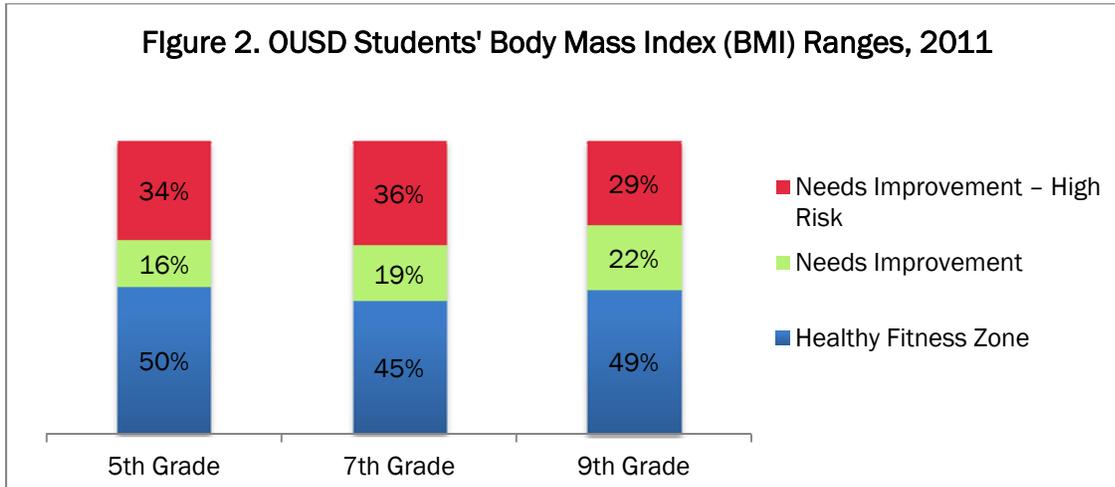


Table 3 shows the percent of students in 5th, 7th and 9th grades that were considered to be in the Healthy Fitness Zone for various measures of physical fitness.

Table 3. 2011 Physical Fitness Test	5th grade	7th grade	9th grade
Aerobic Capacity	56%	50%	39%
Body Composition	50%	46%	49%
Endurance	78%	74%	64%
Abdominal Strength	86%	82%	77%
Trunk Extensor	71%	73%	62%
Flexibility	69%	74%	63%
Percent Passing 5+ out of 6 Fitness Tests	44%	42%	33%

Students' Reported Physical Activity Habits

According to the *California Healthy Kids Survey*:

- 84% of 5th graders reported that they exercise, dance or play sports on three days or more each week.
- 74% of middle and high students at they are moderately or vigorously physically active on three days or more each week. Secondary students reported less frequent physical activity overall, and this decreased with age:
 - 73% of 7th graders, 69% of 9th graders and 60% of 11th graders reported participating in vigorous exercise on three days or more weekly (*physical activity for at least 20 minutes that made them sweat and breathe hard*).
 - 58% of 7th and 9th graders and 52% of 11th graders got moderate exercise on three days or more weekly (*physical activity for at least 30 minutes that did not make them sweat and breathe hard*).

It is important to note that *CHKS* data are from the students' perspective. Additionally, the activities referenced may occur outside of the school setting. Moreover, while most students report that they are engaging in physical activity, it is unclear whether this activity is of high quality or intensity.

While the majority of students are reporting that they participate in some regular exercise, *Fitnessgram* results indicate that OUSD students are not meeting the minimum threshold for physical fitness.

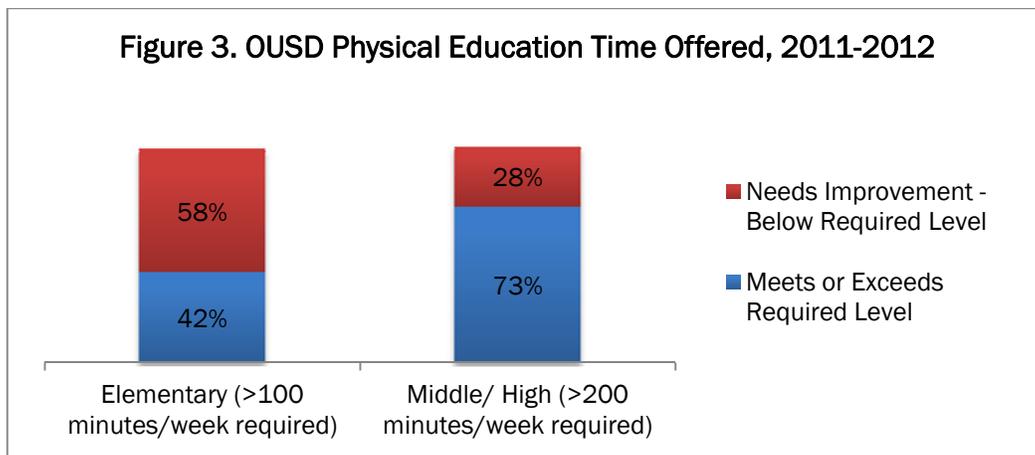
Physical Education Class Sizes

According to the *School Wellness Inventory*, almost half (45%) of the middle and high schools reported that there were between 41-50 children in each Physical Education class at their schools (Table 4). One-quarter (27%) reported that there were over 50 children in each class. Physical Education class size is determined by an agreement with the Oakland Education Association. The current contract states a teacher is able to teach 52 kids per class with a maximum of 260 students per day (5 classes).

Table 4. On average, how many students are in each Physical Education class at your school? (Middle and High schools only; n=22)	
Under 25	0%
25-40	27%
41-50	45%
51-60	14%
61-70	5%
Over 70	9%

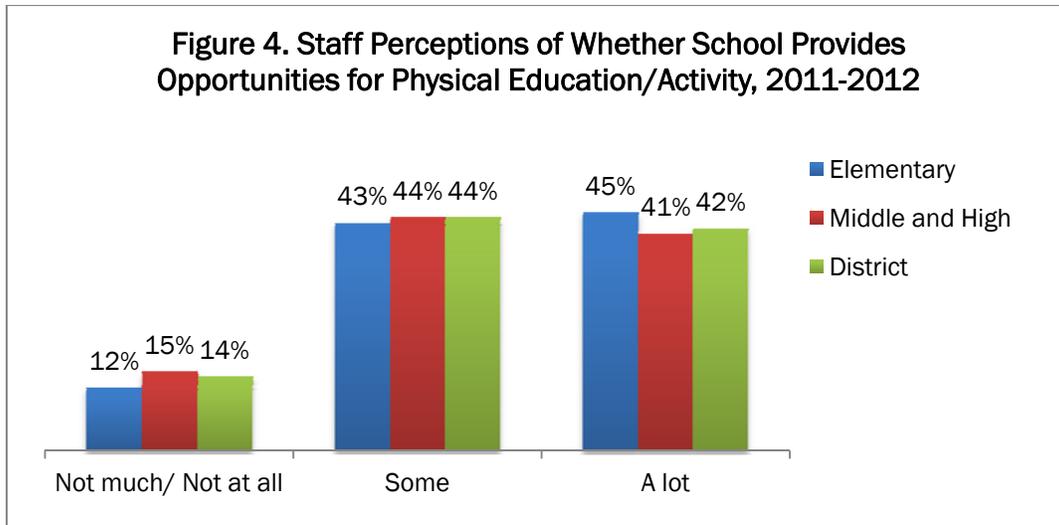
Amount of Physical Education Offered

Elementary schools reported that the Physical Education⁵ offered to each student was either less than 100 minutes (58%) or 100-150 minutes (42%) per week. Most (73%) middle and high schools offered 200 minutes or more per week, with 28% reporting that they offered more than 250 minutes per week (Figure 3).



According to the *CHKS Staff Survey*, less than half of staff district-wide felt that their schools provided “a lot” of opportunities for physical education and physical activity (Figure 4).

⁵ Not including recess or after school time.



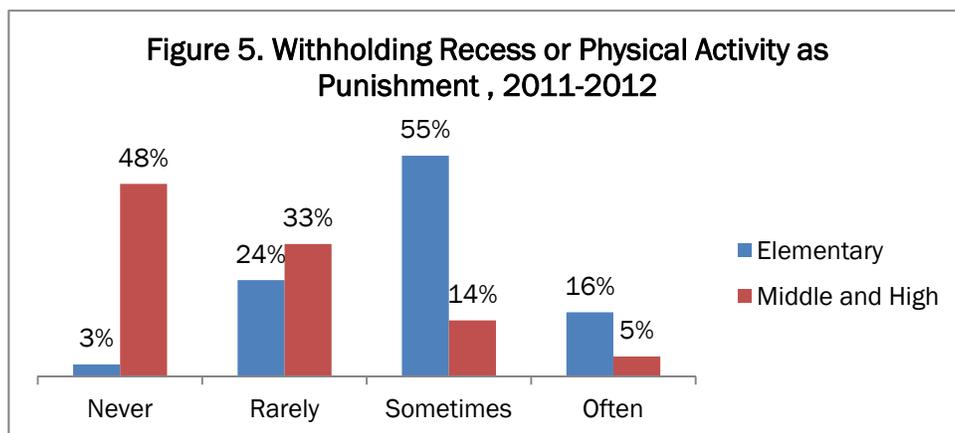
Recess Schedule and Activities

Schools that schedule recess before lunch report that students eat more fruits and vegetables, drink more milk, waste less food, and are better behaved on the playground, in the lunchroom, and in the classroom. Some schools also note a decrease in visits to the school nurse and more instruction time as benefits of the schedule switch.

The timing of recess varied by school:

- About half of the elementary schools (48%) reported in the *School Wellness Inventory* that recess was scheduled after lunch, while 28% reported that the schedule varied by grade level and 17% said it was always scheduled before lunch.
- Most middle and high schools (76%) did not offer recess, but those that did had varied schedules by grade (14%) or always had recess after lunch (10%).

Over half of the elementary schools (55%) sometimes withheld recess or physical activity as punishment for behavioral or other discipline issues (Figure 5).



HEALTH EDUCATION

SUMMARY OF WELLNESS POLICY ON HEALTH EDUCATION

The Health Education section of the Wellness Policy is brief and establishes a commitment for a planned, sequential health education curriculum to be available for all K-12 students, which OUSD is committed to implementing, aligned with California Health Education Standards, Next Generation Science Standards and Common Core State Standards. OUSD is working toward providing a planned, sequential health education curriculum for all students and the content should meet state health education standards. In 2012, the District started a planning process to meet this goal, with work continuing in the 2013-2014 school year.

FINDINGS ON CURRENT HEALTH EDUCATION NEEDS, PROGRAMS AND POLICIES

When asked about on-going classroom health education offered at the school during the school day, the following types of education were the most common:

Elementary (n=38):

- Violence prevention (88%)
- Environmental/waste reduction education (81%)
- Nutrition education (80%)
- Garden education (74%)
- Growth & development (71%)

Middle and High (n=22):

- Sexual health/pregnancy prevention (95%)
- HIV/AIDS prevention (95%)
- Growth and development (86%)
- Tobacco, alcohol and other drug use prevention (85%)
- Integrated health education (81%)

However, the *Wellness Inventory* was not able to capture the number of sessions delivered in each topic area, and anecdotal evidence suggests that these numbers reflect isolated teachings, rather than entire curricula. Part of the ongoing health education work across OUSD will include documenting more detailed information delivery, as well as assessing student learning.

HEALTHY & SAFE SCHOOL ENVIRONMENTS

SUMMARY OF WELLNESS POLICY ON HEALTHY & SAFE SCHOOL ENVIRONMENT

The Healthy and Safe School Environment section of the Wellness Policy incorporates several elements and is broken down into two focus areas, Positive School Climate and a Healthy Physical Environment. There are guidelines to encourage building social and emotional learning of students, such as conflict resolution and anti-bullying programs. The Physical Environment element highlights the need for all schools to create and follow a safety plan. In addition, there is a focus on implementing environmental health standards to influence indoor air quality, waste reduction and integrated pest management.

FINDINGS ON CURRENT HEALTHY AND SAFE SCHOOL ENVIRONMENTS NEEDS, PROGRAMS AND POLICIES

POSITIVE SCHOOL CLIMATE

Safety

Most school staff felt the schools were safe places for students (89% elementary; 70% middle and high) and staff (89% elementary; 78% middle and high). However, only 59% of elementary and 36% of middle and high *CHKS Staff Survey* respondents felt their schools had sufficient resources to create a safe campus.

Most *Parent Survey* respondents also felt that their schools were safe places for their children (85% elementary, 78% middle and high). However, only, 52% of secondary students reported feeling safe when they were at school, 36% felt neither safe nor unsafe, and 12% felt unsafe (Table 5).

Table 5. Safety - Middle/High School	Felt Safe at School
Very safe	18%
Safe	34%
Neither safe nor unsafe	36%
Unsafe	7%
Very unsafe	5%

Most elementary students felt safe at and outside of school all or most of the time, as seen in the table below.

Table 6. Safety – Elementary (5th graders only)	Felt Safe at School	Felt Safe Outside of School
Yes, all of the time	48%	27%
Yes, most of the time	28%	32%
Yes, some of the time	17%	26%
No, never	7%	15%

Conflict, Bullying and Violence Cited as Health and Wellness Concerns

Although most parents felt that schools were safe, the following table highlights specific areas identified by the *CHKS Parent Survey* for growth.

Table 7. Percent of Parents Who Felt Specific Issues Were a Problem at Their Children's Schools	Elementary	Middle and High	District
Harassment and Bullying	64%	74%	67%
Physical Fights	58%	77%	65%
Racial/Ethnic Conflict	48%	67%	54%
Gang Activity	39%	67%	48%
Weapon Possession	34%	60%	43%
Vandalism	44%	68%	52%

School Site Discipline Policy – Inclusion of Alternatives to Suspension/Expulsion

The vast majority (84% elementary; 77% middle and high) of schools district-wide reported that their school site discipline policy includes alternatives to suspension/expulsion (e.g. Restorative Justice, progressive discipline). The remaining sites reported that they are either in the process of incorporating these strategies (11% elementary; 9% middle and high) or would like more information

about how to do so (5% elementary; 14% middle and high). The table below shows the number of staff who had reportedly received training in Restorative Justice practices.

Table 8. How Many Staff Received Training in Restorative Justice Practices	Elementary	Middle and High
All	3%	5%
Most	5%	19%
Some	41%	67%
None	51%	10%

Crisis Response Teams

About half of schools district-wide reported that their school has a Crisis Response Team (CRT) trained in the District’s Crisis Response Protocol (51% elementary; 43% middle and high). Over one-third (32% elementary; 43% middle and high) did not have CRTs and 16% of elementary and 14% of middle and high did not know.

Conflict Mediation

The OUSD Conflict Mediation Program has primarily focused efforts in middle schools. Two-thirds of middle and high schools (67%; 5 high and 9 middle schools) and one-third of elementary schools (31%; 11 schools) reported that they have trained Conflict Mediators.

School-Wide Behavior Support Frameworks

According to the *School Wellness Inventory*, 50% of schools district-wide implemented a school-wide behavior support framework (e.g., Positive Behavioral Interventions and Supports/PBIS, Responsive Classroom). One-quarter (28%) of the remaining sites reported that they were in the process of incorporating this type of framework and 12% would like more information about how to do so.

Frequency of Coordination of Service Team (COST) Meetings

Over half of the middle and high schools (59%) and 26% of the elementary schools have weekly COST meetings to triage and assign students referred for support services.

Programs or Resources for LGBTQ Students

Two-thirds of middle and high schools (65%) reported that they currently offered programs or resources for LGBTQ students, including Gay/Straight Alliances activities, peer education, counseling, assemblies, support groups, and/or presentations. Most elementary schools (86%) lacked these programs or resources.

HEALTHY PHYSICAL ENVIRONMENT

Waste Management

Nearly all schools district-wide have recycling programs (90%), but only half had composting programs (50%), 9% had “other” programs (i.e., food scrap program or electronic recycling), and 7% had none of these programs. The inventory did not provide details around frequency and consistency, so this is an area to follow up around in future data collection.

Safe Routes to School Program

Over half of elementary (59%) and 19% of middle and high schools reported that they currently offered the *Safe Routes to School Program*, encouraging walking, biking and safe transportation to and from school.

STUDENT HEALTH SERVICES

SUMMARY OF STUDENT HEALTH SERVICES

Schools can help students achieve academic success by participating in efforts that promote good health. OUSD defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.⁶ Offering a variety of health services is one of the important elements in a comprehensive approach to promoting health and preventing disease and disability in children and youth, which are associated with success in school. To this end, OUSD offers an array of health services to students:

- In partnership with Alameda County, City of Oakland and community-based organizations, School-Based Health Centers, located on 14 campuses serving 20 schools, provide comprehensive, integrated medical, mental health and health education.⁷ Specific services and programs differ by site and may include case management and mental health counseling; physical exams/sports physicals; first aid and triage; immunizations/vaccinations; dental screenings and treatment; diagnosis and treatment of medical conditions; STD screening and treatment; health education related to nutrition/physical fitness, puberty, and sexual health; youth development programs; community-wide health promotion events and activities; and health insurance enrollment.
- School Nurses provide health services to students in grades pre-kindergarten through 12 (and until age 21 for special education students), including case management of students with chronic health conditions, state-mandated screenings, special education assessments, and health education trainings.
- OUSD partners with additional agencies, such as Big Smiles, the Prescott-Joseph Center, American Lung Association, Lens Crafters and La Clinica de La Raza to provide dental, vision, asthma management and other health services to students at school sites.
- The Alcohol, Tobacco and Drug Prevention and Intervention Program at OUSD trains cessation counselors and after school personnel and other staff to provide intervention services around tobacco, marijuana and other drug use.
- Behavioral Health Services are universally accessible at over 90% of OUSD schools. Services include mental health assessments and referrals; individual, family and group counseling; behavior support; crisis intervention; trauma healing; grief support; and suicide prevention.
- In 2012, OUSD launched an enrollment initiative in partnership with Alameda County Social Services Agency, Life Long Medical Care and East Bay Innovations to enroll families in Medi-Cal, Kaiser Child Health Plan, Health PAC and Cal Fresh.

FINDINGS ON CURRENT STUDENT HEALTH SERVICES NEEDS, PROGRAMS AND POLICIES

School Wellness Inventory respondents felt that students face a variety of behavioral health problems. They wrote that they are worried about the emotional well-being and mental health of the students, and stressed the need for services to help with stress management, communication skills, depression, and Post-Traumatic Stress Disorder (PTSD). In fact, according to *CHKS*, in the past year, 19% of OUSD 9th graders and 16% of 11th graders had seriously considered suicide. More than half

⁶ World Health Organization. (1948). Definition of Health. Accessed on May 30, 2013: <http://www.who.int/about/definition/en/print.html>

⁷ By Spring 2013, there will be 15 School-Based Health Centers in OUSD.

(59%) of school staff district-wide felt that depression and other mental health issues were moderate or severe problems for students.

Two-thirds of school staff district-wide felt that their schools provided adequate health services (69%) and counseling and support services (65%) to students. Three out of four (74%) parents felt that their children's schools provided "quality counseling addressing social/emotional needs."

In 2011-2012, the OUSD School-Based Health Centers (SBHC) provided 31,440 visits to 6,189 clients. Of these clients, two-thirds were current students on the SBHC school campuses and one-third were members of the community, including students from other OUSD schools, graduates, siblings and other community members. In the same year, School-Based Behavioral Health clinicians provided over 82,000 hours of services to students district-wide.

In 2011-2012, over 300 students were seen for Vision Services and over 800 were seen for Dental services. The OUSD student asthma rate was about 11% but much higher in some schools. Over 60 students have Type I Diabetes. OUSD's school nurses provide daily monitoring for these conditions. Through the Alcohol, Tobacco and Drug Prevention and Intervention Programs, 1,200 students received prevention programming and 800 students received direct intervention programming.

STAFF WELLNESS & SUPPORT

SUMMARY OF STAFF WELLNESS & SUPPORT

Safe and supportive working conditions can help attract and retain staff members who are highly qualified and dedicated to the education and welfare of students. The OUSD Wellness Policy Staff Wellness section promotes safe environments by enhancing access to physical and mental health assessments and resources, healthy foods, and opportunities for physical activity for staff.

FINDINGS ON CURRENT STAFF WELLNESS & SUPPORT NEEDS, PROGRAMS AND POLICIES

Most school staff district-wide (80%) felt that their schools were supportive and inviting places for staff to work. Most staff (70%) also felt that their schools provided the materials, resources, and training (professional development) needed to do their jobs effectively.

About one in four of the schools reported in the *School Wellness Inventory* that they could use more guidance or assistance in educating their staff on vicarious trauma (27%), stress management (25%), mindfulness/meditation (25%), physical activity (23%), nutrition (23%), and non-violent communication (23%).

In 2012-2013, a staff wellness program began at OUSD, focused on offering resources and support for a variety of needs, such as biometric screenings, site-based staff wellness mini grants (supporting physical activity, healthy eating, stress management and mindfulness) and district-wide mindfulness workshops.

SUMMARY OF KEY FINDINGS, CURRENT AND SUGGESTED STRATEGIES AND FUTURE DIRECTIONS

OUSD is committed to ensuring that all students have access to health and wellness programs and services that address barriers to learning. Through the administration of a *Wellness Inventory* to school representatives and the review of existing health and wellness data, we have begun to document our progress toward achieving this goal and identified areas for further improvement. The table below provides a summary of these findings and the areas of the Wellness Policy implementation that they affect. It also provides current and suggested strategies, based on school and district representatives' perspectives, to help us further realize our commitment to the health and well-being of our students and community. The information in this report will be combined with data collected during the 2012-2013 school year from youth focus groups, Wellness Champion interviews, parent café discussions and principal focus groups to revise the OUSD Wellness Policy and develop an implementation plan for the revisions. The revised policy and implementation plan are both expected early in the 2013-2014 school year.

Priority Areas <i>Which areas need our attention?</i>	Key Findings <i>What are the data telling us about these areas?</i>	Target Wellness Areas						Current and Suggested Strategies <i>What are/will we be doing to address these areas?</i>
		Nutrition	Physical Education and Activity	Health Education	Safe & Healthy School Environments	School Health Services	Staff Wellness	
<ul style="list-style-type: none"> ❖ Improve access to nutritious foods throughout the school day 	<ul style="list-style-type: none"> ❖ 1 out of 5 elementary and 2 out of 5 secondary students report missing breakfast ❖ Most students had at least 1 serving of fruits or vegetables daily (>70%), yet majority also consumed soda or French fries daily (>60%) ❖ Most schools (~70%) offer school gardens and salad bars ❖ Food at celebrations for staff, parents and students is generally healthy; outside vendors and fundraising events are more likely to provide unhealthy options 	✔		✔		✔	✔	<ul style="list-style-type: none"> ❖ Continue to offer universal free breakfast and supporting programs, like breakfast in the classroom and second chance breakfast, so that 100% of students eat breakfast ❖ Maintain and expand programs providing access to nutritious foods, including salad bars, school produce markets, school gardens and healthy cooking/nutrition education classes for students, staff and parents ❖ Enforce guidelines on selling or providing unhealthy foods on campus ❖ Work with program partners to provide healthier competitive food options ❖ Involve students, staff and families in school menu development ❖ Conduct presentations by nutrition staff on healthy eating to students, parents and staff

Priority Areas <i>Which areas need our attention?</i>	Key Findings <i>What are the data telling us about these areas?</i>	Target Wellness Areas						Current and Suggested Strategies <i>What are/will we be doing to address these areas?</i>
		Nutrition	Physical Education and Activity	Health Education	Safe & Healthy School Environments	School Health Services	Staff Wellness	
								<ul style="list-style-type: none"> ❖ Work with City of Oakland, County Health Department and other partners to develop a healthy mobile food vending program ❖ Continue and expand Site Wellness Champion program
<ul style="list-style-type: none"> ❖ Promote consumption of drinking water throughout the school day 	<ul style="list-style-type: none"> ❖ Nearly all students have access to drinking water throughout the school day (90%) ❖ More elementary schools (84%) “always” allowed students to bring water bottles into classrooms compared to middle/high (55%) 	✔					✔	<ul style="list-style-type: none"> ❖ Allow more middle/high school students to always bring water bottles into classrooms ❖ Expand number of hydration stations (or designated places where water bottles can easily be filled) located in or near cafeterias throughout OUSD ❖ Conduct water drinking campaigns/water bottle design contests ❖ Implement water education in the classroom and after school, encouraging student, parents and staff to drink free tap water and reduce consumption of sugary drinks
<ul style="list-style-type: none"> ❖ Improve access to physical education (PE) and activity and discourage withholding activity as punishment 	<ul style="list-style-type: none"> ❖ Only 42% of elementary and 73% of middle/high schools offered PE at mandated levels ❖ 1 out of 3 students were in high risk (obese) zone of body composition ❖ The percent of students exercising regularly declined with age, with 84% of 5th graders exercising 3 or more days/week to about half of high school students reporting that they did ❖ 1 out of 4 secondary schools had over 50 children in each PE class and half had 41-50 students ❖ Less than half of staff (42%) district-wide felt that their schools provided 		✔					<ul style="list-style-type: none"> ❖ Align PE classes with state mandates ❖ Inform about and enforce smaller PE class sizes ❖ Conduct further assessment about who is teaching PE at all levels ❖ Work with elementary schools to provide recess before lunch—which is shown to provide a variety of positive outcomes on health ❖ Promote sharing of best practices from successful school strategies, including Zumba classes, end of year Field days, Sports Festivals, Lunch-Time Soccer League and “Walkathon” Fundraisers, “Bike rodeo” to teach and promote safe bike riding

Priority Areas <i>Which areas need our attention?</i>	Key Findings <i>What are the data telling us about these areas?</i>	Target Wellness Areas						Current and Suggested Strategies <i>What are/will we be doing to address these areas?</i>
		Nutrition	Physical Education and Activity	Health Education	Safe & Healthy School Environments	School Health Services	Staff Wellness	
	<ul style="list-style-type: none"> ❖ “a lot” of opportunities for physical education and physical activity ❖ Half of elementary schools (48%) provide recess after lunch ❖ Over half of elementary (55%) and 1 out of 5 middle/high schools withheld recess or physical activity as punishment for behavioral or other discipline issues 							<ul style="list-style-type: none"> ❖ Work with schools to find alternatives to withholding physical activity as punishment ❖ Continue and expand Site Wellness Champion program ❖ Implement physical activity breaks at schools, particularly in elementary schools
<ul style="list-style-type: none"> ❖ Promote safe and supportive school environments for students and staff 	<ul style="list-style-type: none"> ❖ Most school staff, parents and students felt that OUSD schools were safe places for students and/or staff, yet, only 59% of elementary and 36% of middle and high school staff felt their schools had sufficient resources to create a safe campus ❖ About half of schools (45%) had Crisis Response Teams trained in the District’s Crisis Response Protocol ❖ 2 out of 3 middle and high schools (65%) reported that they currently offered programs or resources for students around LGBTQ issues, while very few elementary schools did 			✓	✓	✓	✓	<ul style="list-style-type: none"> ❖ Train Crisis Response Teams on Crisis Response Protocol ❖ Enhance programming and outreach efforts to promote safe and supportive school environments, particularly for LGBTQ students ❖ Increase number of schools that participate in Indoor Air Quality program ❖ Increase number of schools that consistently implement recycling and composting programs ❖ Increase the number of schools that participate in <i>Safe Routes to School Program</i> ❖ Continue and expand Site Wellness Champion program
<ul style="list-style-type: none"> ❖ Expand access to health services, particularly behavioral health supports 	<ul style="list-style-type: none"> ❖ Health services are provided in every school through School-Based Health Centers (SBHCs), school-based behavioral health (SBBH) programs and/or school nurses ❖ OUSD also partners with additional agencies to provide dental, vision, asthma management and other health services; assistance with 				✓	✓		<ul style="list-style-type: none"> ❖ Continue to offer comprehensive physical and mental health services to students ❖ Expand access to SBHCs for OUSD community, including graduates and families of OUSD students ❖ Expand community partnerships to provide more site-based delivery of all health services ❖ Strengthen insurance enrollment initiative

Priority Areas <i>Which areas need our attention?</i>	Key Findings <i>What are the data telling us about these areas?</i>	Target Wellness Areas						Current and Suggested Strategies <i>What are/will we be doing to address these areas?</i>
		Nutrition	Physical Education and Activity	Health Education	Safe & Healthy School Environments	School Health Services	Staff Wellness	
	<p>insurance enrollment; and substance abuse education and prevention</p> <ul style="list-style-type: none"> ❖ In 2011/12, SBHCs provided 31,440 visits to 6,189 clients, SBBH clinicians provided over 82,000 hours of services, 2,000 students were served through substance abuse prevention programs, and 1,100 students received vision and dental screenings/services ❖ OUSD's asthma rate is 11% on average, and school nurses provide ongoing monitoring for students with this condition ❖ Students' mental health is a concern for students, staff and parents ❖ In the past year, 19% of 9th graders and 16% of 11th graders had seriously considered suicide ❖ More than half (59%) of school staff district-wide felt that depression and other mental health issues were moderate or severe problems for students ❖ 2 out of 3 school staff district-wide felt that their schools provided adequate health services (69%) and counseling and support services (65%) to students ❖ 3 out of 4 parents felt that their children's schools provided quality counseling addressing social/emotional needs 							<p>to support access to health and other social service supports</p> <ul style="list-style-type: none"> ❖ Increase number of schools with COST teams and number of students who receive needed services and interventions

Priority Areas <i>Which areas need our attention?</i>	Key Findings <i>What are the data telling us about these areas?</i>	Target Wellness Areas						Current and Suggested Strategies <i>What are/will we be doing to address these areas?</i>
		Nutrition	Physical Education and Activity	Health Education	Safe & Healthy School Environments	School Health Services	Staff Wellness	
<ul style="list-style-type: none"> ❖ Support parents and school staff to enforce and benefit from Wellness Policy strategies 	<ul style="list-style-type: none"> ❖ Most school staff (80%) felt that their schools were supportive and inviting places to work ❖ 1 in 4 schools felt they could use more guidance in educating staff on vicarious trauma, stress management, mindfulness/meditation, physical activity, nutrition, and non-violent communication (23%) 			✓	✓		✓	<ul style="list-style-type: none"> ❖ Distribute parent letters and/or information in new parent packets describing the Wellness Policy ❖ Provide a variety of written materials, translated in many languages, on how to realistically implement all components of the wellness policy (for students, staff and parents) ❖ Provide trainings to staff on the Wellness Policy ❖ Establish forums for sharing best practices in policy-specific program implementation ❖ Develop school report cards on policy implementation ❖ Expand staff wellness program to create an OUSD Staff Wellness Policy and increase number of schools with Staff Wellness Champions and Staff Wellness grantees

APPENDIX: REPORT NOTES

Additional Data Sources:

In addition to the *School Wellness Program and Policy Inventory*, data in this report comes from the following sources, which can be found on OUSD's website (www.ousd.k12.ca.us/schoolwellness):

- The **California Healthy Kids Survey (CHKS)** is a statewide survey of resiliency, protective factors, and risk behaviors. The data referred to in this report was obtained in 2011-2012 from 1,851 fifth, 1,718 seventh, 1,423 ninth, and 1,221 eleventh grade students. More information is available from: www.wested.org/hks.
- The 2011-2012 **CHKS California School Parent Survey** is a companion tool to the *California Healthy Kids Survey* and asks parents about their perceptions of the school environment and school efforts to promote academic success and well-being for students. The survey was completed by 11,162 OUSD parents.
- The 2011-2012 **CHKS California School Climate Survey** is also a companion tool to *California Healthy Kids Survey* and obtains staff perceptions about learning and teaching conditions for students. The survey was completed by 1,632 OUSD school staff.
- **FITNESSGRAM** was created in 1982 by the Cooper Institute to provide an easy way for physical education teachers to report to parents on children's fitness levels. Students are assessed in different areas of health-related fitness. California schools are required to implement the *Fitnessgram* test as the California Physical Fitness Test in 5th, 7th and 9th grades. Data for the OUSD report, produced by the Research, Assessment and Data Department, comes from the state research file. More information is available from: <http://www.cde.ca.gov/ta/tg/pf/>. The data in this report was from 2011-2012.

Additional Resources:

Additional information on the programs and policies referenced in this report can be found on the OUSD Wellness Department website (www.ousd.k12.ca.us/schoolwellness), including:

- Wellness program area contacts,
- OUSD Wellness Policy,
- FITNESSGRAM Results,
- Nutrition Administrative Guidelines, and
- Physical Education Policy.

For More Information:

For more information about this report or OUSD Wellness programs, or to obtain a copy of a school level report that summarizes site specific data, please contact: Michelle Oppen, MPH, Program Manager, Wellness, Health & Wellness Unit, Family, Schools, and Community Partnerships (FSCP), Oakland Unified School District; 510-273-1676; michelle.oppen@ousd.k12.ca.us.